

**Court Substance Abuse Management Specialist (CSAMS)**  
**Application for Credential**

**General Information Form**

**Applicant Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Program Name** \_\_\_\_\_

**Program Director** \_\_\_\_\_

**Date of Hire** \_\_\_\_\_

**Requested Test Date** \_\_\_\_\_

**Did you obtain professional status prior to January 1, 2005?**    ☐ Yes        ☐ No

**Do you have any disabilities that require special testing accommodations?**    ☐ Yes    ☐ No

**If yes, please describe needed accommodations** \_\_\_\_\_

**Education**                      (Attach a copy of your degree)

**Type of Degree:**        ☐ None        ☐ Associate    ☐ Bachelor    ☐ Masters    ☐ Other \_\_\_\_\_

**Name of College or University** \_\_\_\_\_

**Certifications**                      (Attach a copy of all certifications)

**Do you have a current ICAADA certification?**    ☐ Yes    ☐ No    **If yes, specify** \_\_\_\_\_

**Are you a certified probation officer?**        ☐ Yes    ☐ No

## **Experience**

Indicate at least 9 months of full-time employment experience related to assessment, referral and case management of clients with substance abuse problems.

<b>Agency</b>	<b>Position</b>	<b>Dates Employed</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## **Ethics Requirement**

Signature of this application indicates a commitment of adherence to the CSAMS Code of Ethics and the Judicial Code of Conduct.

I attest under penalty of perjury that the information contained in all parts of this application is complete and accurate to the best of my knowledge. I understand that incorrect information or the absence of pertinent information may make me ineligible to receive the Court Substance Abuse Management Specialist Credential.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Program Director**

\_\_\_\_\_  
**Date**

## **Training Form**

**Applicant Name** \_\_\_\_\_

**DOB** \_\_\_\_\_

**Program Name** \_\_\_\_\_

Please indicate applicable training you have attended in the past five (5) years. Attach copies of certificates or attendance validation. You may attach additional hours information as needed.

**\*\*If you have a Probation Officer certificate, Criminal Justice Training hours are not required. If you have an ICAADA certificate of at least a CADAC I or assessment staff status, A/D specific training and Assessment/Interview training are not required.**

**\*\*Alcohol and Drug Specific Training** (24 hours required)

<b>Name of Training</b>	<b>Contact Hours</b>	<b>Date(s)</b>

**\*\*Assessment and Interviewing Training** (24 hours required)

<b>Name of Training</b>	<b>Contact Hours</b>	<b>Date(s)</b>

**Communicable Disease Training** (3 hours required)

Name of Training	Contact Hours	Date(s)

**Confidentiality Training** (4 hours required)

Name of Training	Contact Hours	Date(s)

**Judicial and Clinical Ethics Training** (3 hours required)

Name of Training	Contact Hours	Date(s)

**\*\*Criminal Justice Training** (12 hours required)

Name of Training	Contact Hours	Date(s)

## Supervised Practical Training Verification Form

Document the number of hours of supervision you have obtained in the areas of assessment, referral and case management, the name of the supervisor, supervisor's credentials, and date of supervision.

Applicant Name \_\_\_\_\_ DOB \_\_\_\_\_

Program Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Director \_\_\_\_\_

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### **This section to be completed by supervisor**

The Indiana Judicial Conference Rules for Court-Administered Alcohol and Drug Programs Section 30(b)(3) indicate a supervised practical training must be completed to obtain the CSAMS Credential. The hours submitted must total **“at least five hundred (500) hours of direct supervision in the areas of assessment, referral and case management of substance abuse clients, with a minimum of one hundred (100) hours in the area of assessment of clients.”** Write below the total number of hours of supervised practical training for each of the substance abuse court program competency areas listed.

1. \_\_\_\_\_ Hours in Assessment

2. \_\_\_\_\_ Hours in Referral and Case Management

\_\_\_\_\_ Total Hours of Supervised Training

Please consult with the CSAMS certification applicant if additional information regarding the content of the competency areas is needed. Return the completed form to the applicant for submission with his/her portfolio.

SPT Beginning Date: \_\_\_\_\_ SPT Ending Date: \_\_\_\_\_

\_\_\_\_\_  
Practical Training Supervisors Signature & Credentials

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Position